

Roster Information Form

Please clearly print the name as it appears on the birth certificate

Last Name																								
First Name																								
Middle Name															Name Suffix (Jr, Sr, II, III)									
Social Security #										Date of Birth (M/D/Y)										Gender				
____ -- ____ -- ____										____ / ____ / ____										<input type="checkbox"/> M <input type="checkbox"/> F				
Date enrolled in Pre-K (M/D/Y)										If different from birth certificate, name student is called														
____ / ____ / ____																								

1. Please check the race/ethnicity of your child:

- ☐ Asian or Pacific Islander
- ☐ African-American
- ☐ Hispanic
- ☐ Native American
- ☐ White
- ☐ Multi-racial

2. What is your child's primary language?

- ☐ English
- ☐ A language other than English

3. Was your child born as a:

- ☐ Single Birth (1)
- ☐ Twin (2)
- ☐ Triplet (3)
- ☐ Quadruplet (4)
- ☐ Quintuplet (5)

4. Does your child have an Individualized Education Plan (IEP)?

- ☐ Yes
- ☐ No

5. Does your child receive any of the following services? (Cat1/Cat2)

- ☐ Child and Parent Services (CAPS) Program
- ☐ Food Stamps
- ☐ SSI
- ☐ Medicaid
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ PeachCare for Kids

6. Will the Pre-K center be providing transportation for your child?

- ☐ Yes
- ☐ No

Parent/Guardian Signature

Date